

1 JEFFREY G. SLOANE, ESQ.

2 Nevada Bar No. 000784

E-Filed: 10/26/06

3 KRAVITZ SCHNITZER SLOANE

4 JOHNSON & EBERHARDY

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5 Henderson, NV 89014

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6 Attorney for Creditor/Movant

7 CITICORP VENDER FINANCE, INC fka EAB LEASING CORP.

8 UNITED STATES BANKRUPTCY COURT

9 DISTRICT OF NEVADA

10 In Re:

) In Proceedings Under

) Chapter 11

11 USA COMMERCIAL ~~MORTGAGE~~ COMPANY)

) BK-S-06-10725-lbr

12 Debtor)

13 _____)
14 CERTIFICATE OF MAILING PROOF OF CLAIM

15 Pursuant to FRCP 5(b), I hereby certify that I am an employee of Kravitz, Schnitzer, Sloane,

16 Johnson & Eberhardy, Chtd., and that on the 24th day of October, 2006, I

17 deposited for mailing, at Henderson, Nevada, a true copy of the Proof of Claim, addressed to:

18 USA COMMERCIAL MORTGAGE COMPANY

19 4484 S. Pecos Rd.

20 Las Vegas, NV 89121

21 ANNETTE W. JARVIS, ESQ.

22 PO Box 45385

23 Salt Lake City, UT 84145

24 U.S. TRUSTEE

25 300 Las Vegas Blvd. So. #4300

26 Las Vegas NV 89101

27 /s/GLENDA AARON

28 An Employee Of Kravitz, Schnitzer,
Sloane, Johnson & Eberhardy, Chtd.

UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		PROOF OF CLAIM -CHAPTER [] 7 [X] 11 [] 12 [] 13
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number 06-10725-LBR	(This space for court use)
NOTE: This form should NOT be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) CITICORP VENDOR FINANCE, INC., f/k/a EAB LEASING CORP	[] Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name & address where notices should be sent: JEFFREY G. SLOANE, ESQ. KRAVITZ SCHNITZER SLOANE JOHNSON & EBERHARDY 1389 Galleria Drive, Suite 200 Henderson, NV 89014 Telephone number: (702) 362-6666	[] Check box if you have never received any notices from the bankruptcy court in this case. [] Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: 06-10725-LBR	Check here if this claim [] replaces [] amends a previously filed claim, dated _____	
I. BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>lease</u> </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (FILL OUT BELOW) Last four digits of your Social Security # _____ Unpaid compensation for services performed from _____ (date) To _____ (date) </div> </div>		
2. Date debt was incurred: 11/13/2001 3. If court judgment, date obtained: _____		
4. Total claim at time case filed: \$ _____ (Unsecured) \$ <u>12,019.12</u> (Secured) \$ _____ (Priority) \$ _____ (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input checked="" type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other <u>Xerox copier and Fax machine</u> Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Wages, salaries, or commissions up to \$4,925* earned within 90 days before filing of the bankruptcy petition, or cessation of the debtor's business, whichever is earlier- 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan.- 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use- 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child- 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER-Specify applicable paragraph of 11 U.S.C. § 507(a)() _____ <small>*Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
6. Unsecured Non Priority Claim		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		(This space for court use)
9. Supporting documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
Date: Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): October 24, 2006 /s/JEFFREY G. SLOANE, ESQ., for CITICORP VENDOR FINANCE, INC., f/k/a EAB LEASING CORP		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571		